



City of South Jordan

Return To: 1600 W. Towne Center Drive South Jordan, Utah 84095

Ph: (801) 254-3742 Fax: (801) 253-5214 www.sjc.utah.gov

VICTIM SERVICES VOLUNTEER APPLICATION

Complete all sections of this application

How did you hear about our volunteer programs? [Check a box below]		Date of Application	
<input type="checkbox"/> South Jordan Employee (name)_____ <input type="checkbox"/> South Jordan Website			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Other:_____			
Name (Last, First, Middle)			
Mailing Address (Street or P.O. Box)		City	State
			Zip Code
Home Phone	Alternate Phone	Email	
Current Employer		Title/Position	
Employer Address and Phone			
Is your volunteer work to be used towards credit or fulfillment of a community service or school service learning? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain			
Do you have a preferred schedule for volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list hours. _____			
Start Date: _____ How many hours/days are you interested in donating? Hours _____ Days _____			
Approximate times: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
Please mark the days you would be available to volunteer: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
Criminal Background			
Have you, since the age of 18, ever been convicted of a crime, excluding minor traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Criminal conviction is not an absolute bar from volunteering, but it will be considered in relation to specific areas of volunteer needs.</i>			
Have you engaged in illegal use, possession, sale, or transfer of narcotics or illicit drugs during the past 5 years, including receiving a positive drug test or positive workplace related alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now under charges for any offense against the law? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain and give dates, details, and penalties for each occurrence. Please include dates of any probationary periods.			

Please note any medical conditions or concerns (be specific i.e. asthma, heart conditions, etc.)

Volunteer Information/Special Interest/Training (CPR, first Aid, EMT, etc.)

List any relevant volunteer or work experience (Please include organization name and positions)

Describe why you would like to be a volunteer

What are your personal/professional strengths and weaknesses?

What do you think or hope you will gain from your volunteer experience?

Has anyone close to you been the victim of a crime? If so, please briefly describe the incident and your response to it.

The Victim Service Program can be very stressful at time. Explain how you would deal with this type of stress in your daily life.

Do you speak a language other than English? If so, please list those you speak/read/write.

South Jordan Victim Services Program has a variety of services. There are primarily three types of positions open for volunteers. Please rank your level of interest from 1-3 with 1 being the highest level of interest.

- A. Legal/Court Support _____
B. Office _____
C. On-call/Field _____

If selected, how long would you be willing to volunteer for this program?

EMERGENCY CONTACT

Name	Relationship	Home Phone	Other Phone

APPLICANT CERTIFICATION

I, the undersigned, certify that the information stated on the application is true, complete and correct to the best of my knowledge and belief, and is made in good faith. Any false statements made by me may be used as a basis for rejection of this application.

VOLUNTEER'S SIGNATURE _____ DATE _____

VOLUNTEERS MUST PROVIDE THEIR OWN TRANSPORTATION

It is the policy of South Jordan City to provide equal opportunity to qualified volunteers without regard to their race, color, religion, sex, national origin, disability, or other areas covered by federal, state, or local fair employment laws and regulations. If you are invited for an interview, testing, etc., and, due to a disability, need assistance in understanding and participating in the process, please notify the Human Resource Division at (801) 254-3742.

Thank you for taking the time to complete this application. We look forward to working with you and appreciate the generous offer of your time and skill.

OFFICE USE ONLY

Badge issued: ☐ Date issued: _____ Volunteer orientation date: _____

Disclosure signed (If applicable): ☐ Yes ☐ N/A Volunteer Agreement signed: ☐ PAF Completed ☐

☐ HR Copy

☐ Community Information Analyst Copy

☐ Risk Management Copy



SOUTH JORDAN CITY

VICTIM SERVICES PROGRAM

1600 W. TOWNE CENTER DRIVE
SOUTH JORDAN, UTAH 84095

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Fax: (801) 254-5214

VOLUNTEER AGREEMENT/RELEASE

As a volunteer with the South Jordan City Victim Services Division (referred to as the "City"), the lasting impression you make on those you serve reflects on all of us. Please be sure your words and deeds will help build our program and its reputation for quality.

I, _____ agree to perform the volunteer duties to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer, authorized by the City, I acknowledge that there may be certain risks related to this Activity. I hereby state and affirm that:

1. In consideration of being allowed to take part in this Activity, I agree to release and hold harmless the City, its officers, employees, and agents, from all liability for any harm or injury that I incur as a result of participating in the Victim Services Volunteer Program, excluding proven gross negligence, by the City.
2. By way of this form, I authorize City staff to assist me by administering basic first aid and/or obtain appropriate emergency medical treatment for me in the event of an accident, injury, or illness.
3. I understand that I may be subject to mental stresses due to the nature of this volunteer work.
4. I understand that I may be privy to confidential matters due to the nature of the position and agree to maintain this confidentiality.
5. The terms of this Agreement shall be binding on my heirs, executor, administrator and all members of my family.

I agree to accept the following volunteer assignment (complete after placement)

VICTIM SERVICES PROGRAM

Hours _____ Beginning Date _____ Length of Commitment _____

Emergency contact, name, address and phone number

Volunteer Signature _____ Date _____